

SUP # 2014-0072**Administrative Special Use Permit Application**

Please type or print legibly

PROPERTY LOCATION: 2016 MOUNT VERNON AVE, ALEXANDRIA
VA 22301ZONE: CLTAX MAP REFERENCE: 034.04-06-09**APPLICANT'S INFORMATION:**Applicant: TANIA LEACH Business/Trade Name: Seva CafeAddress: 2016 MOUNT VERNON AVE, ALEXANDRIA VA 22301Phone: 703-459-4595Email: finefoods@
bonvivantcompany.com**PROPOSED USE:**

- ☐ Day Care Center
- ☐ Restaurant
- ☒ Outdoor Dining (not within the King Street Retail Overlay)
- ☐ Light Auto Repair
- ☐ Overnight Pet Boarding
- ☐ Live Theater
- ☐ Outdoor Food and Crafts Market Center
- ☐ Outdoor Garden Center
- ☐ Catering Business
- ☐ Outdoor Display
- ☐ Valet Parking

Please read and sign after the statement:

I have read and understand the general standards and the requirements for the use for which I am applying and have attached the Worksheet for the use.

Signature: [Signature]

Please submit the following with this application form:

Site Plan At a minimum, show and label the subject property, surrounding buildings, and streets. Show, label and give dimensions for all parking spaces, entrances and exits, and trees and shrubbery.

Floor Plan At a minimum, show and label all interior features inside and outside seats, tables, counters, equipment, etc. as appropriate to the use. Show, label and give dimensions for all entrance and exit doors and windows, rooms/areas, staircases, elevators and bathrooms.

Worksheet for specific use from Checklist and Worksheet package.

Other materials, as required by specific use (see Guide to Administrative SUPs Checklist & Worksheets).

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 2016 MT. VERNON AVE.
(property address), for the purposes of operating a PATIO (use)
business as described in this application.

I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property.

Name: MARTIN R. YOUMANS, SOLE MEMBER
AVENUE PROPERTIES LLC Phone: (703) 371-4560
Address: PO Box 726, FALLS CHURCH VA 22040 Email: Marty.youmans@gmail.com
Signature: Marty Youmans Date: 6.30.14

1. The applicant is the (check one):

- ☐ Owner
☐ Contract Purchaser
☒ Lessee or
☐ Other: _____

of the subject property.

State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.

50% JAWAD LAODAOUDA: 213 E CUSTIS AVE, ALEXANDRIA 22301

50% TANIA LEACH: 213 E. CUSTIS AVE, ALEXANDRIA 22301

If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

- ☐ Yes. Provide proof of current City business license
- ☐ No. The agent shall obtain a business license prior to filing application, if required by the City Code.

USE CHARACTERISTICS

2. Please give a brief statement describing the use:

ADDITION OF OUTDOOR DINING AREA

3. Please describe the proposed hours of operation:

Days	Hours
Daily	8am 8pm

Or give hours for each day of the week

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

4. Please describe the capacity of the proposed use:

- A. How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift).

300 DAILY

- B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift).

3 DAILY

5. A. How many parking spaces of each type are provided for the proposed use:

9 Standard and compact spaces
 _____ Handicapped accessible spaces
 _____ Other

B. Please give the number of:
Parking spaces on-site 9

Parking spaces off-site _____

If the required parking will be located off-site, where will it be located?

N/A

6. Please provide information regarding loading and unloading for the use:

A. How many loading spaces are available for the use? 1

B. Where are off-street loading spaces located? CLEAR SPACE IN
PARKING LOT AT BACK DOOR OF CAFE

C. During what hours of the day do you expect loading/unloading operations to occur? 7am - 10pm

D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? 3-4 week

7. If any hazardous materials or organic compounds (for example paint, ink, lacquer thinner, or cleaning or degreasing solvent), as defined by the state or federal government, be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:

N/A

APPLICANT'S SIGNATURE

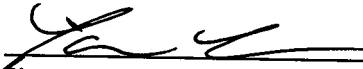
Please read and initial each statement:

Initial: T.L. THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Initial: T.L. THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

TANIA LEACH

Print Name of Applicant or Representative


Signature

Date _____

If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Representative's Address: _____

Phone: _____

Email: _____

Fax: _____

OUTDOOR DINING

Zoning Ordinance Section 11-513(M)

Qualify for Administrative Review?Is the proposed outdoor dining accessory to an approved indoor restaurant? ☒ Yes ___ NoWill the hours for outdoor dining be the same as those approved for the indoor restaurant? ☒ Yes ___ NoWill the outdoor dining have 20 seats or fewer? ☒ Yes ___ NoWill live entertainment be **prohibited** from the outdoor seating area? ☒ Yes ___ NoWill advertising be **excluded** from the outdoor seating area? ☒ Yes ___ NoWill an employee be assigned to the outdoor dining area to make sure it is cleared and washed at the close of each business day? ☒ Yes ___ No

If yes to all questions, the business qualifies for administrative review. If no to any question, speak to P&Z staff about the full SUP process. A layout plan must be reviewed and approved for the outdoor dining.

Note: This process does not apply to businesses within the King Street Retail Overlay. Please speak to P&Z staff about a different administrative process for outdoor dining.

WORKSHEET – Answer each question. Attach a separate sheet of paper if necessary.

PART OF APPROVED INDOOR RESTAURANT
☐ Outdoor dining must be connected to an approved indoor restaurant.
What restaurant is the outdoor dining connected to? SEVA CAFE**LOCATION ON PRIVATE PROPERTY**
☐ Outdoor dining, including seats, planters, wait stations and barriers, must be located on private property unless authorized by an encroachment ordinance.
Will the outdoor dining be located only on private property? Yes

What steps will you take to ensure that components, such as planters and barriers, do not encroach onto the public sidewalk? _____

NUMBER OF SEATS
☐ Only 20 seats may be located at outdoor tables in front of the restaurant.
How many seats will be included in the outdoor seating? 16**ALCOHOL SERVICE**
☐ Alcohol service, to the extent allowed for indoor dining, is permitted; no off-premise alcohol sales are permitted.
Is on-premise alcohol service proposed? NO**OUTDOOR DINING PLAN**
☐ Please submit a detailed plan with your application

A plan for layout of the outdoor dining must be submitted for review and approval by the director. The business must maintain compliance with the approved layout. Any changes to the approved layout may require further review by staff.

Complete the Administrative Special Use Permit Application on the following pages.



APPLICATION SPECIAL USE PERMIT

SUP2014-0072

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

☒ **Change of Ownership** ☐ **Minor Amendment**

[must use black ink or type]

PROPERTY LOCATION: 2016 MOUNT VERNON AVE, ALEXANDRIA VA 22301

TAX MAP REFERENCE: 034.04-06-09 **ZONE:** CL

APPLICANT

Name: TANIA LEACH / SEVA CAFE LLC

Address: 213 E. CUSTIS AVE, ALEXANDRIA VA 22301

PROPERTY OWNER

Name: MARTIN R. YOUNG

Address: P.O. BOX 726, FALLS CHURCH, VA 22040

SITE USE: Restaurant

☒ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

☐ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

TANIA LEACH
Print Name of Applicant or Agent

2016 MOUNT VERNON AVE
Mailing/Street Address

ALEXANDRIA VA 22301
City and State Zip Code

Signature

703 459 4595
Telephone # Fax #

finefoods@bon vivantcompany.com
Email address

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____

Legal advertisement: _____

ACTION - PLANNING COMMISSION _____

Fee Paid: \$ _____

ACTION - CITY COUNCIL: _____

The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # 2013-0062

Date approved: 9 / 24 / 13
month day year

Name of applicant on most recent special use permit DAN BENDER

Use _____

2. Describe below the nature of the existing operation in detail so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

30-SEAT COFFEE SHOP

AVAILABLE HOURS OF OPERATION 6AM - 9PM

NO ALCOHOL OR LIVE ENTERTAINMENT

8 OFF STREET PARKING SPACES (IN 16-SPACE LOT WE HAVE FULL ACCESS TO)

3. Describe any proposed *changes* to the business from what was represented to the Planning Commission and City Council during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)

REQUEST OUTDOOR DINING AREA - SEE ACCOMPANYING APPLICATION FOR DETAILS

4. Is the use currently open for business? ☒ Yes ☐ No

If the use is closed, provide the date closed.

____/____/____
month day year

5. Describe any proposed changes to the conditions of the special use permit:

OUTDOOR DINING - SEE ACCOMPANYING APPLICATION

6. Are the hours of operation proposed to change? ☐ Yes ☒ No

If yes, list the current hours and proposed hours:

Current Hours:

8 am - 8 pm

Proposed Hours:

7. Will the number of employees remain the same? ☒ Yes ☐ No

If no, list the current number of employees and the proposed number.

Current Number of Employees:

Proposed Number of Employees:

8. Will there be any renovations or new equipment for the business? ☒ Yes ☐ No

If yes, describe the type of renovations and/or list any new equipment proposed.

OUTDOOR DINING AREA - SEE ACCOMPANYING APPLICATION

9. Are you proposing changes in the sales or service of alcoholic beverages? ☐ Yes ☒ No

If yes, describe proposed changes:

10. Is off-street parking provided for your employees? ☒ Yes ☐ No

If yes, how many spaces, and where are they located?

16 SPACE PARKING LOT BEHIND RESTAURANT

11. Is off-street parking provided for your customers? ☒ Yes ☐ No

If yes, how many spaces, and where are they located?

16 SPACE PARKING LOT BEHIND BUILDING

12. Is there a proposed increase in the number of seats or patrons served? ☒ Yes ☐ No

If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)

Current:

UP TO 30

Proposed:

EXTRA 16-18 OUTDOORS

13. Are physical changes to the structure or interior space requested? ☒ Yes ☐ No

If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

SEE OUTDOOR DINING APPLICATION

14. Is there a proposed increase in the building area devoted to the business? ☐ Yes ☒ No

If yes, describe the existing amount of building area and the proposed amount of building area.

Current:

Proposed:

15. The applicant is the (check one) ☐ Property owner ☒ Lessee

☐ other, please describe: _____

16. The applicant is the (check one) ☒ Current business owner ☐ Prospective business owner

☐ other, please describe: _____

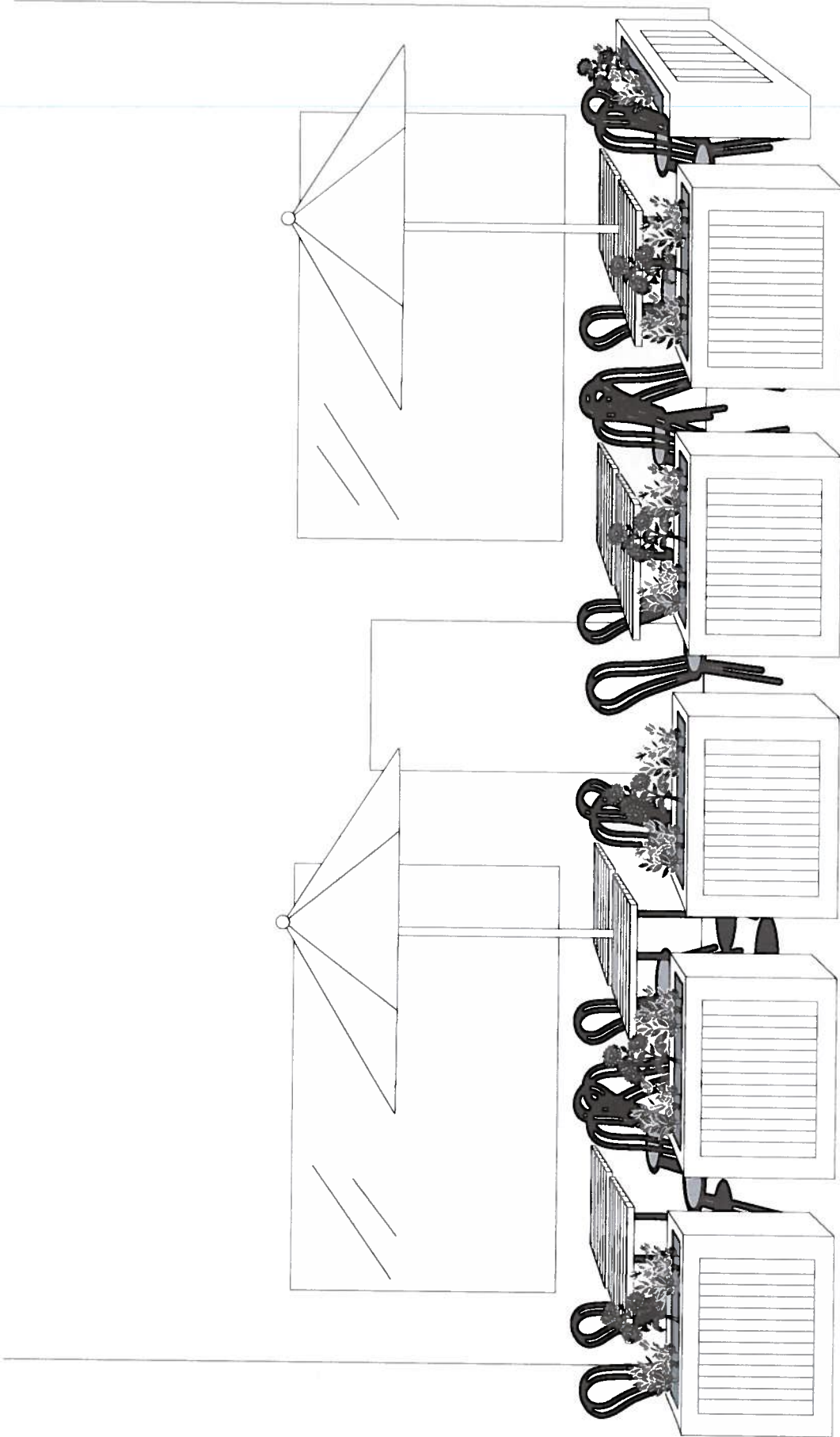
17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (10%) in the corporation and the extent of interest shall be identified by name and address.

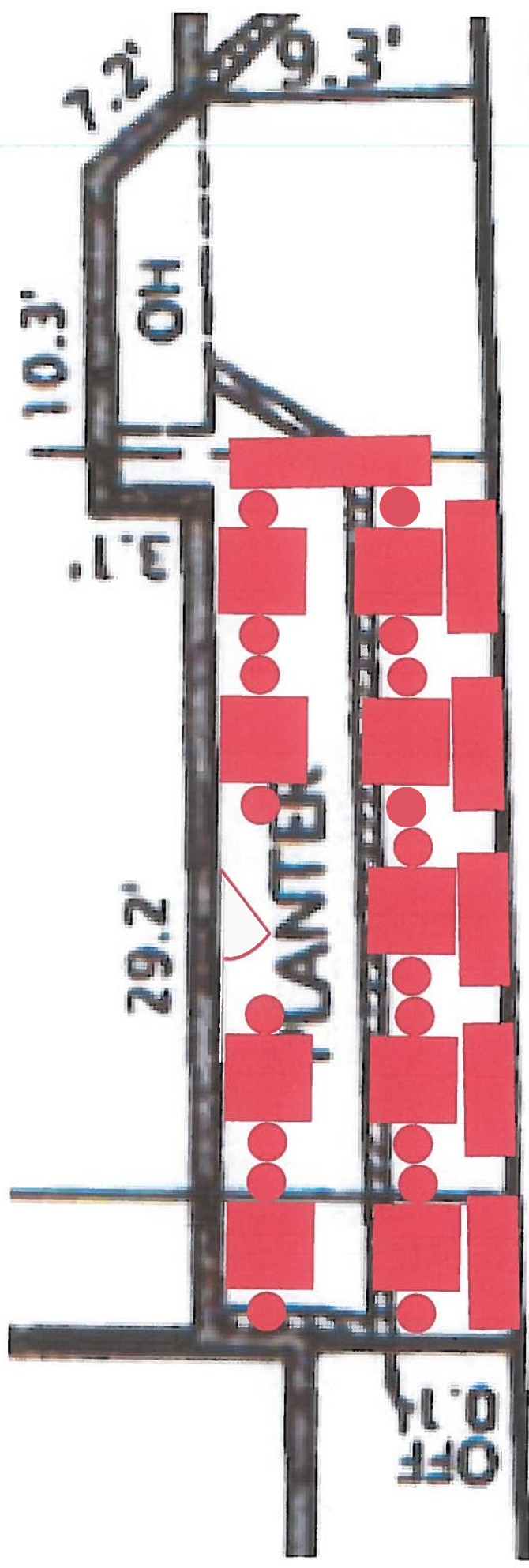
For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

Please provide ownership information here:

50% TANIA LEACH, 213 E. CUSTIS AVE, ALEXANDRIA VA 22301

50% JAWAD LAOUADDA, 213 E CUSTIS AVE, ALEXANDRIA
VA 22301





BRU

BRICK WALK

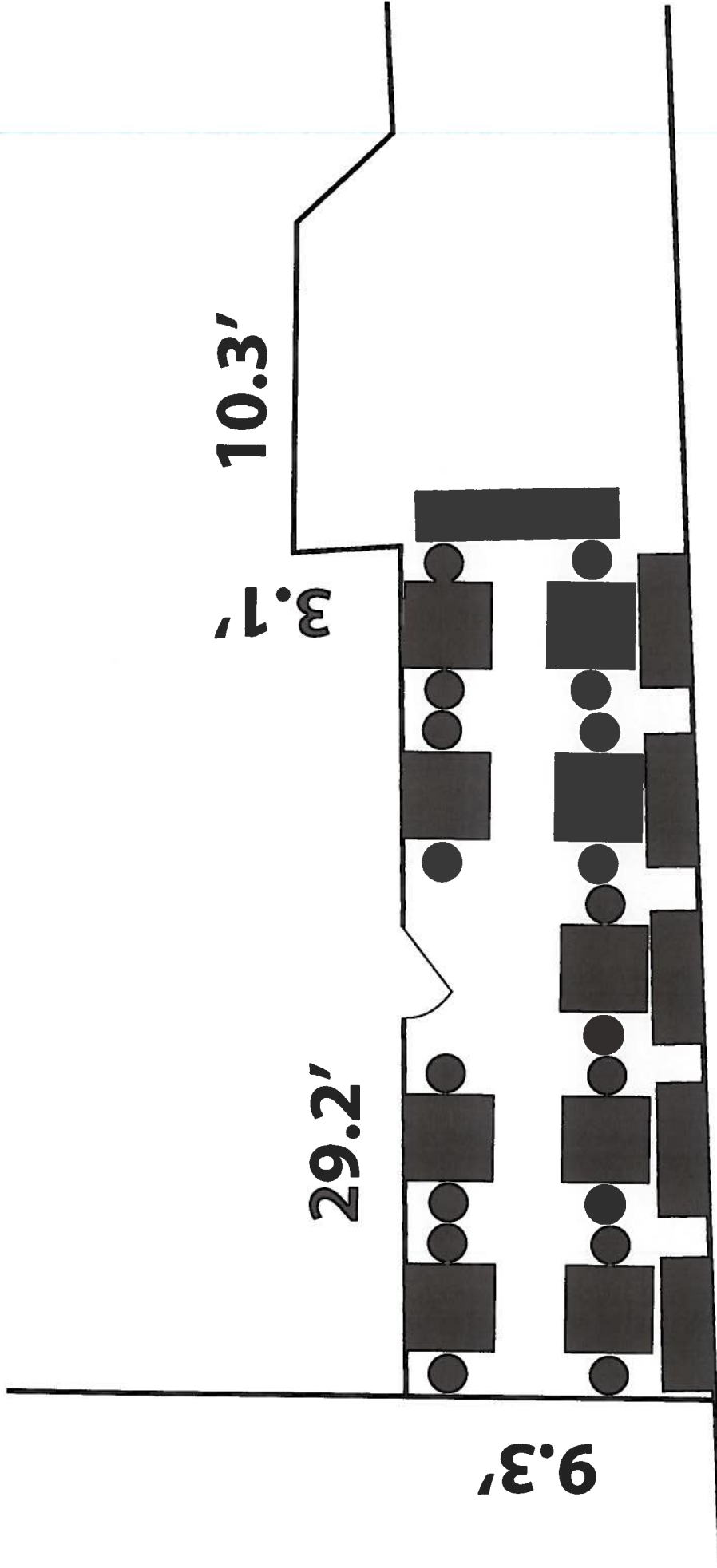


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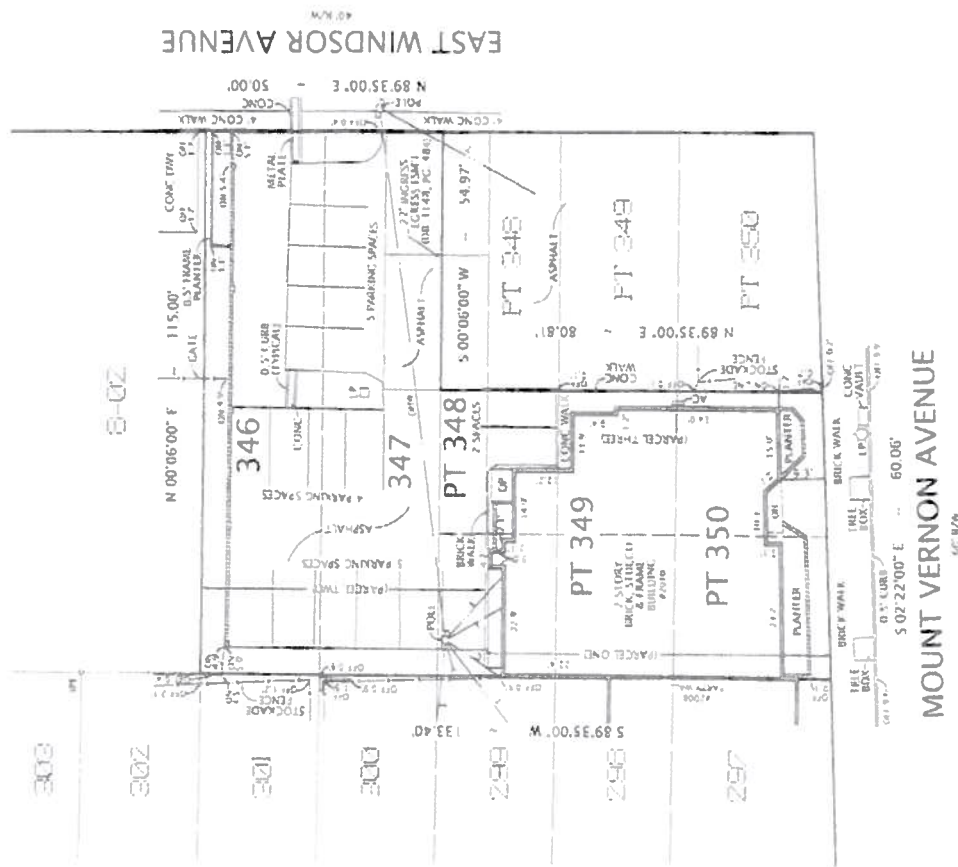
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MOUNT VERNON



Brick walk

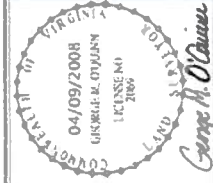
Mount Vernon A'



PLAT
SHOWING BUILDING LOCATION ON
PARCEL ONE
BEING A PORTION OF LOTS 348, 349, AND 350

AND
PARCEL TWO
LOTS 346 AND 347
DEL RAY

RECORDED IN BOOK 1028, PAGE 164
LIBER 1028, PAGE 164, 400 (10/10/08)
CITY OF ALEXANDRIA, VIRGINIA
SCALE: 1" = 20'
APRIL 9, 2008



THESE PLANS ARE SUBJECT TO ALL THE ORDINANCES, REGULATIONS AND BY-LAWS OF THE CITY OF ALEXANDRIA, VIRGINIA, AND THE STATE OF VIRGINIA, AND THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE CITY OF ALEXANDRIA, VIRGINIA, AND THE STATE OF VIRGINIA, BEFORE CONSTRUCTION BEGINS.

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SUP2014-0072





July 2, 2014

Dear City of Alexandria:

The Del Ray Business Association (DRBA) is thrilled to hear of the proposed outdoor seating at Seva Cafe. Our neighborhood thrives on community experiences and enjoying a meal along the avenue has transformed our area. DRBA supports Seva Café Owners in making changes to the property to accommodate outdoor dining and improve their long term business success.

Sincerely,

A handwritten signature in black ink, which appears to read 'Pat Miller', is positioned above the printed name.

Pat Miller
Board President